Hational Stage Processing

## PATENT APPLICATION FEE DETERMINATION RECORD Effective November 10, 1998 305-3556

Application or Docket Numb r

CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL ENTITY TYPE		OR	OTHER THAN R SMALL ENTITY	
FC	)R	NUMB	NUMBER FILED NUMBE		EXTRA	RATE	FEE		BATE	\FEE
ВА	SIC FEE						380.00	OR		760.00
тс	TAL CLAIMS	- 3	minus 2	20= * . [		X\$ 9=		OR	X\$18=	396
INDEPENDENT CLAIMS / minus 3 = *						X39=		OR	X78=	
ML	ILTIPLE DEPEN	+130=		OR	+260=	2 <i>16</i> 0				
* If	the difference	TOTAL		OR	TOTAL	1496				
CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)							ENŢITY	OR	OTHER SMALL I	
ENTA		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MO	Total	*	Minus	tt	=	X\$ 9=		OR	X\$18=	
AMENDMENT	Independent	*	Minus	***	=	X39=		OR	X78=	
È	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  BEST AVAILABLE COPY					+130=		OR	+260=	
		JUPT	TOTAL		OR	TOTAL ADDIT, FEE				
		(Column 1)		(Column 2)	(Column 3)	ADDIT. FEE		,	ADDII. FEC.	-
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	=	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	*** PENDENT CLAIM	]=	X39=		OR	X78=	
H	FIRST PRESE	NIATION OF W	OLIPLE DEF	PENDENT COAIN	1	+130=		OR	+260=	
						TOTAL ADDIT. FEE		OR	TÖTAL ADDIT. FEE	
	·	(Column 1)		(Column 2)	(Column 3)	, .				
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	=	X\$ 9=	an ang Maganga	OR	X\$18=	
	Independent	*	Minus	***	=	X39=		OR	X78=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									
	If the enter in act	ımın 4 ka kanı Mar-	the entry in activ	Imn 2 west 40° is s	olumn 3	+130=		OR	+260=	
*	* If the entry in column 1 is less than the entry in column 2, writ "0" in column 3.  ** If the entry in column 1 is less than the entry in column 2, writ "0" in column 3.  ** If th "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If th "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in th appropriate box in column 1.									

το:

OFFICE OF FINANCE

CRYSTAL PLAZA 2 LOBBY

FROM:

PCT INTERNATIONAL DIVISION-DOVED

· CRYSTAL PLAZA 6, LOBBY

PLEASÉ PROCESS THE FOLLOWING CORRECTIONS;

( Can 10 -	•	~~	•
FROM		TO	THUOMA
FEE CODE	760_	FEE CODE	840
		· · · · · · · · · · · · · · · · · · ·	
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·			
			-
	-	•	
		_	÷ .
No.		_	
OTHER:		•	

THE ORIGINAL METHOD OF PAYMENT WAS:

BY A CHECK

BY A CHARGE TO DEPOSIT ACCOUNT NO